

SERFF Tracking Number:	UNKP-125662595	State:	Arkansas
Filing Company:	Milwaukee Casualty Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:	AR-WC-0809-05-389		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/AR-WC-0809-05-389		

Filing at a Glance

Company: Milwaukee Casualty Insurance Company

Product Name: Workers Compensation	SERFF Tr Num: UNKP-125662595	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 16.0004 Standard WC	Co Tr Num: AR-WC-0809-05-389	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: Denise Freund, Andrea Light	Disposition Date: 06/16/2008
	Date Submitted: 05/23/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): 09/01/2008		Effective Date (Renewal):
State Filing Description:		
Filing fee for first loss cost filing is \$100. Need additional \$50		

General Information

Project Name:	Status of Filing in Domicile:
Project Number: AR-WC-0809-05-389	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: SEE ABOVE
Reference Title: VRS	Advisory Org. Circular: VRS
Filing Status Changed: 06/16/2008	
State Status Changed: 06/16/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Filing to adopt currently approved NCCI loss costs/rules & Company lcm's for new company - Milwaukee Casualty Insurance Co.	

NCCI Reference: B-1369; E-1379; 01-AR-2007; B-1404; AR-2007-10; B-1387-A; B-1403; AR-2007-04; 02-AR-2007; B-1397 & Amendment; B-1403; AR-2006-04; B-1399-A; 02-AR-2006; B-1394; AR-2005-01; B-1391; B-1393; 01-AR-2006;

SERFF Tracking Number: UNKP-125662595 State: Arkansas
 Filing Company: Milwaukee Casualty Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: AR-WC-0809-05-389
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: /AR-WC-0809-05-389
 01-AR-2004; B-1387; AR-2004-01; 01-AR-2003; AR-03-01; AR-02-02; E-1400; 01-AR-02; B-1369; AR-01-01; B-1362;
 B-1363; B-1364; B-1366; AR-00-01; B-1359; 07-AR-99; 08-AR-99; B-1361; AR-99-01; 06-AR-99; 02-AR-99; 02-AR-98;
 AR-97-01

Company and Contact

Filing Contact Information

Freund Denise, State Filings Analyst dfreund@unitrin.com
 12790 Merit Drive (800) 777-2249 [Phone]
 Dallas, TX 75251 (214) 360-8060[FAX]

Filing Company Information

Milwaukee Casualty Insurance Company CoCode: 26662 State of Domicile: Wisconsin
 12790 Merit Drive Group Code: 215 Company Type: Prop & Cas
 Dallas, TX 75251 Group Name: Unitrin Prop & Cas State ID Number:
 (800) 777-2249 ext. 8194[Phone] FEIN Number: 39-1190263

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Milwaukee Casualty Insurance Company	\$50.00	06/16/2008	20924892
Milwaukee Casualty Insurance Company	\$50.00	05/23/2008	20475910

SERFF Tracking Number:	UNKP-125662595	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/AR-WC-0809-05-389		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/16/2008	06/16/2008
Approved	Carol Stiffler	05/28/2008	05/28/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	06/11/2008	06/11/2008	Denise Freund	06/16/2008	06/16/2008
Pending Industry Response	Carol Stiffler	05/28/2008	05/28/2008	Denise Freund	05/28/2008	05/28/2008
Pending Industry Response	Carol Stiffler	05/27/2008	05/27/2008	Denise Freund	05/28/2008	05/28/2008
Pending Industry Response	Carol Stiffler	05/27/2008	05/27/2008	Denise Freund	05/28/2008	05/28/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional \$50 Fee	Note To Reviewer	Andrea Light	06/11/2008	06/11/2008

<i>SERFF Tracking Number:</i>	<i>UNKP-125662595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-05-389</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-05-389</i>		

<i>SERFF Tracking Number:</i>	<i>UNKP-125662595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-05-389</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-05-389</i>		

Disposition

Disposition Date: 06/16/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	UNKP-125662595	State:	Arkansas
Filing Company:	Milwaukee Casualty Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:	AR-WC-0809-05-389		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/AR-WC-0809-05-389		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Company Cover Letter	Approved	Yes
Rate	Company LCM's	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>UNKP-125662595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-05-389</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-05-389</i>		

Disposition

Disposition Date: 05/28/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment: The loss cost filing that is being adopted is Item Filing AR-2007-03.

Rate data does NOT apply to filing.

SERFF Tracking Number:	UNKP-125662595	State:	Arkansas
Filing Company:	Milwaukee Casualty Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:	AR-WC-0809-05-389		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/AR-WC-0809-05-389		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Company Cover Letter	Approved	Yes
Rate	Company LCM's	Approved	Yes

SERFF Tracking Number: UNKP-125662595 *State:* Arkansas
Filing Company: Milwaukee Casualty Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: AR-WC-0809-05-389
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /AR-WC-0809-05-389

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/11/2008

Submitted Date 06/11/2008

Respond By Date

Dear Freund Denise,

As of this date we have not received the additional \$50 fee required for an iinitial rate filing. The filing has been reopened and cannot be used until we receive the additional \$50.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/16/2008

Submitted Date 06/16/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: I apologize for the oversight. I had the money transferred but forgot to "submit" back to you.

Thanks!

Denise

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

<i>SERFF Tracking Number:</i>	<i>UNKP-125662595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-05-389</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-05-389</i>		

No Rate/Rule Schedule items changed.

Sincerely,
Andrea Light, Denise Freund

SERFF Tracking Number: UNKP-125662595 State: Arkansas
Filing Company: Milwaukee Casualty Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-WC-0809-05-389
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /AR-WC-0809-05-389

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/28/2008
Submitted Date 05/28/2008
Respond By Date
Dear Freund Denise,

In your response letter you gave me the circular number--AR-2007-04. We cannot accept the circular number which is often different than the Item Filing number. The Item Filing number is the unique number that identifies the filing. We do not see the circulars. Several circulars may refer to the same Item Filing. One circular may refer to many item filings. The Item Filing number can be found in the body of the circular. The Item Filing number for the 7/1/07 loss costs is AR-2007-03. Please confirm that is the Item Filing you are adopting.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/28/2008
Submitted Date 05/28/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Yes, it is the loss costs that we adopted.
Sorry for the confusion.

Denise

Changed Items:

No Supporting Documents changed.

<i>SERFF Tracking Number:</i>	<i>UNKP-125662595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-05-389</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-05-389</i>		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Andrea Light, Denise Freund

SERFF Tracking Number: UNKP-125662595 *State:* Arkansas
Filing Company: Milwaukee Casualty Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: AR-WC-0809-05-389
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /AR-WC-0809-05-389

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/27/2008

Submitted Date 05/27/2008

Respond By Date

Dear Freund Denise,

I found Item Filing AR-03-01. It is a mechanized logging filing and can be adopted under this number. Please exclude it from the previous objection letter.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 05/28/2008

Submitted Date 05/28/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Thanks!

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

<i>SERFF Tracking Number:</i>	<i>UNKP-125662595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-05-389</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-05-389</i>		

Andrea Light, Denise Freund

SERFF Tracking Number: UNKP-125662595 State: Arkansas
Filing Company: Milwaukee Casualty Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-WC-0809-05-389
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /AR-WC-0809-05-389

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/27/2008
Submitted Date 05/27/2008

Respond By Date

Dear Freund Denise,

This will acknowledge receipt of the captioned filing.

Objection 1

- NAIC Loss Cost Filing Document for Workers' Compensation (Supporting Document)

Comment: Please state what NCCI Item Filing you are adopting for loss costs. Your cover letter indicates that you are adopting 5 different loss cost filings--02-AR-98, AR-01-01, AR-02-02, AR-2005-01 and AR-2007-10. You can only have one loss cost filing effective at any given time. FYI--there is a new loss cost filing (AR-2008-02) that will become effective 7/1/08. You may adopt that one if you wish.

I cannot find the following Item Filing numbers:

AR-2007-04

AR-2006-04

AR-03-01 I believe this may be a technical supplement for a loss cost filing. If so, it doesn't need to be adopted.

01-AR-02

AR-99-01

AR-97-01

Are these circular numbers?

Objection 2

No Objections

Comment: The filing fee for a new loss cost adoption is \$100. That amount will include the loss cost adoption and the other Item Filings you are adopting. Please send the additional \$50.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

SERFF Tracking Number: UNKP-125662595 State: Arkansas
Filing Company: Milwaukee Casualty Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-WC-0809-05-389
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /AR-WC-0809-05-389

Response Letter Status Submitted to State
Response Letter Date 05/28/2008
Submitted Date 05/28/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: The latest loss cost that we have adopted is Circular # AR-2007-04 - our effective date 11/1/07. We wish to adopt all of the loss costs for this company that have already been adopted for our other companies. Yes, these were Circular numbers - sorry for the confusion.

I was showing all of the previous loss costs that we adopted - if this is not necessary, then they can be removed from this filing.

We do not want to take the 7/1/08 loss costs on this filing. We will be submitting that adoption separately for all of our companies at the same time.

I will have the additional \$50 transferred - I apologize, that was an oversight on my part.

Let me know if there is anything further that you need.

Thanks!

Denise

Related Objection 1

Applies To:

- NAIC Loss Cost Filing Document for Workers' Compensation (Supporting Document)

Comment:

Please state what NCCI Item Filing you are adopting for loss costs. Your cover letter indicates that you are adopting 5 different loss cost filings--02-AR-98, AR-01-01, AR-02-02, AR-2005-01 and AR-2007-10. You can only have one loss cost filing effective at any given time. FYI--there is a new loss cost filing (AR-2008-02) that will become effective 7/1/08. You may adopt that one if you wish.

I cannot find the following Item Filing numbers:

AR-2007-04

AR-2006-04

AR-03-01 I believe this may be a technical supplement for a loss cost filing. If so, it doesn't need to be adopted.

01-AR-02

AR-99-01

AR-97-01

<i>SERFF Tracking Number:</i>	<i>UNKP-125662595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-05-389</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-05-389</i>		

Are these circular numbers?

Related Objection 2

Comment:

The filing fee for a new loss cost adoption is \$100. That amount will include the loss cost adoption and the other Item Filings you are adopting. Please send the additional \$50.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Andrea Light, Denise Freund

<i>SERFF Tracking Number:</i>	<i>UNKP-125662595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-05-389</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-05-389</i>		

Note To Reviewer

Created By:

Andrea Light on 06/11/2008 09:27 AM

Subject:

Additional \$50 Fee

Comments:

Denise is out of the office until Mon June 16th. She will take care of this as soon as possible next week.

Thank You!

<i>SERFF Tracking Number:</i>	<i>UNKP-125662595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-05-389</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-05-389</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UNKP-125662595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-05-389</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-05-389</i>		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Company LCM's	WC-AR-LCM-1 (Rev 4.0)	New	SERFF WC_AR_LCM_1_Rev_4.0_.pdf

WORKERS' COMPENSATION and EMPLOYERS LIABILITY**COMPANY DEVIATIONS****Company Deviation:**

NAME OF COMPANY	Company Deviation	Effective Date
Trinity Universal Insurance Co.	1.000	11-01-07
Security National Insurance Co.	0.750	11-01-07
Trinity Universal Insurance Co.- Kansas	0.650	11-01-07
Milwaukee Casualty Insurance Co.	1.000	09-01-08

Loss Cost Multiplier:

NAME OF COMPANY	LCM	Effective Date
Trinity Universal Insurance Co.	2.100	11-01-07
Security National Insurance Co.	2.100	11-01-07
Trinity Universal Insurance Co.- Kansas	2.100	11-01-07
Milwaukee Casualty Insurance Co.	2.100	09-01-08

Deviated Loss Cost Multiplier:

NAME OF COMPANY	LCM	Effective Date
Trinity Universal Insurance Co.	2.100	11-01-07
Security National Insurance Co.	1.575	11-01-07
Trinity Universal Insurance Co.- Kansas	1.365	11-01-07
Milwaukee Casualty Insurance Co.	2.100	09-01-08

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TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /AR-WC-0809-05-389

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/28/2008

Comments:

Attachments:

SERFF F777_03_07.pdf

SERFF F779_03_07.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 05/28/2008

Comments:

Attachments:

SERFF F909AR_0106_WC_Loss_Cost_Adoption_MC.pdf

SERFF REFERENCE_FILING_ADOPTIONS.pdf

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 05/28/2008
Bypass Reason: NA
Comments:

Satisfied -Name: Company Cover Letter **Review Status:** Approved 05/28/2008

Comments:

Attachment:

SERFF Letter_NCCI_Loss_Costs_Rules.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

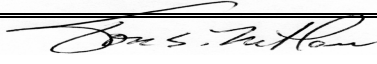
3. Group Name	Group NAIC #
Unitrin Property & Casualty Insurance Group	215

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Milwaukee Casualty Insurance Company	Wisconsin	26662	39-1190263	

5. Company Tracking Number	AR-WC-0809-05-389
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jon Zetlau 12790 Merit Drive Dallas, TX 75251	Bureau/ Forms Compliance Manager	800/777-2249 ext 8254	214/360-8060	alight@unitrin.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jon Zetlau

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard Workers Compensation
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 09/01/08 Renewal: 09/01/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI

17. Reference Organization # & Title	See Item 21
18. Company's Date of Filing	May 22, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	AR-WC-0809-05-389
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Filing to adopt all previously approved NCCI loss costs, rules for new Company - Milwaukee Casualty Insurance Co.

Item 17 –

NCCI Reference: B-1369; E-1379; 01-AR-2007; B-1404; AR-2007-10; B-1387-A; B-1403; AR-2007-04; 02-AR-2007; B-1397 & Amendment; B-1403; AR-2006-04; B-1399-A; 02-AR-2006; B-1394; AR-2005-01; B-1391; B-1393; 01-AR-2006; 01-AR-2004; B-1387; AR-2004-01; 01-AR-2003; AR-03-01; AR-02-02; E-1400; 01-AR-02; B-1369; AR-01-01; B-1362; B-1363; B-1364; B-1366; AR-00-01; B-1359; 07-AR-99; 08-AR-99; B-1361; AR-99-01; 06-AR-99; 02-AR-99; 02-AR-98; AR-97-01

22.

Filing Fees (Filer must provide check # and fee amount if applicable)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: NA

Amount: NA

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-WC-0809-05-389
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA
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☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Company Deviations (WC-AR-LCM-1 (Rev 4.0))	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-WC-0809-05-389 (Milwaukee Casualty Ins.)
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA

☒ **Loss Cost Reference Filing** See attached ☐ **Independent Rate Filing**

(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? YES

If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:

(Check One)

- ☐ Without Modification (factor = 1.000)
- ☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) 36.9% Experience Modification

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.369

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.

(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	21.0	%
B.	General Expense	4.0	%
C.	Taxes, Licenses & Fee	4.6	%
D.	Underwriting profit & contingencies*	2.5	%
E.	Other (explain)	-3.0	%
F.	Total	29.1	%
* Explain how investment income is taken into account			

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	70.9
	B.	ELR in Decimal Form =	0.709

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.016
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.932
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	2.100
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	2.100

- | | | Yes | No |
|-----|---|--------------------------|-------------------------------------|
| 10. | Are you amending your minimum premium formula? | | |
| | If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. | Are you changing your premium discount schedules? | | |
| | If yes, attach schedules and support, detailing premium or rate level changes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

ARKANSAS
INSURER RATE FILING
ADOPTION OF RATING ORGANIZATION
PROSPECTIVE LOSS COSTS
REFERENCE FILING ADOPTION FORM

RATING ORGANIZATION REFERENCE FILING #:

NCCI Reference: B-1369; E-1379; 01-AR-2007; B-1404; AR-2007-10; B-1387-A; B-1403; AR-2007-04; 02-AR-2007; B-1397 & Amendment; B-1403; AR-2006-04; B-1399-A; 02-AR-2006; B-1394; AR-2005-01; B-1391; B-1393; 01-AR-2006; 01-AR-2004; B-1387; AR-2004-01; 01-AR-2003; AR-03-01; AR-02-02; E-1400; 01-AR-02; B-1369; AR-01-01; B-1362; B-1363; B-1364; B-1366; AR-00-01; B-1359; 07-AR-99; 08-AR-99; B-1361; AR-99-01; 06-AR-99; 02-AR-99; 02-AR-98; AR-97-01



May 22, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE: Workers Compensation – NCCI Loss Costs/Rules
NCCI Reference: B-1369; E-1379; 01-AR-2007; B-1404; AR-2007-10; B-1387-A; B-1403; AR-2007-04; 02-AR-2007; B-1397 & Amendment; B-1403; AR-2006-04; B-1399-A; 02-AR-2006; B-1394; AR-2005-01; B-1391; B-1393; 01-AR-2006; 01-AR-2004; B-1387; AR-2004-01; 01-AR-2003; AR-03-01; AR-02-02; E-1400; 01-AR-02; B-1369; AR-01-01; B-1362; B-1363; B-1364; B-1366; AR-00-01; B-1359; 07-AR-99; 08-AR-99; B-1361; AR-99-01; 06-AR-99; 02-AR-99; 02-AR-98; AR-97-01
Milwaukee Casualty Insurance Company – NAIC #26662; FEIN #39-1190263
Company Filing Number: AR-WC-0809-05-389

Dear Sir:

For all policies effective on or after September 1, 2008, we wish to adopt the NCCI loss costs and rules currently filed and approved for in our other companies.

In this initial filing, our intent is to file a program identical to the one currently filed and approved by the Arkansas Department of Insurance for Trinity Universal Insurance Company (NAIC #19887, FEIN #75-0620550).

Filing forms are attached for your review. Copies of our Company pages are also included.

Should you have any further questions or wish to discuss the matter further, please feel free to contact Andrea Light at (800) 777-2249 ext. 8254, alight@unitrin.com, or by mail.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Zetlau", written over a light gray rectangular background.

Jon Zetlau
Bureau and Forms Compliance Manager

JZ/df